

Medical, IEP & Special Needs Disclosures

It is the intent of the City of Hampton School Age Programs to plan an environment that will facilitate the success of each and every child in our program. It is the responsibility of the parent/guardian to provide accurate assessment information to ensure that the staff is aware and equipped to manage situations that require special attention.

In the best interest of your child and to increase the ability of our staff to meet the needs of your child please complete and answer **ALL** application questions in the **Medical Information and Development Assessment** section of the registration form.

Your disclosures of conditions that require special medical attention, IEP's or accommodations are confidential. Failure to disclose such information places our staff members at a disadvantage and limits our ability to best serve the needs of your child.

If your child is admitted to our program and medical information, IEP's or special needs have not been disclosed your child may be immediately excluded from the program.

Please also be aware that because medical conditions and your child's needs may change over time, periodic re-assessments may be conducted to ensure proper accommodations and adjustments are made that may include, but are not limited to transfer to a more appropriate setting. It is your responsibility to inform staff members immediately of any changes in your child's medical condition or special needs.

Please acknowledge each statement and sign below:

- ☐ ***Yes, My child has an IEP or 504 Plan for something other than speech or hearing***
- ☐ ***No, My child does not have an IEP or 504 Plan for something other than speech or hearing***

____ I have read the above statements in regard to disclosure of medical, IEP and special needs information and agree to answer all registration application questions with full disclosure.

____ I further understand that as my child's medical condition or needs change my child may be periodically reassessed to determine appropriateness for participation in your before or after school program. I will immediately inform staff of any changes in my child's medical condition or special needs.

_____ Child's Name	_____ School
_____ Parent/Guardian Signature	_____ Date

School Age Program Registration and Record Form

FILL FORM OUT COMPLETELY. ONE REGISTRATION IS NEEDED FOR EACH CHILD. (PLEASE PRINT)

CHILD'S NAME:

LAST FIRST MI Gender: ☐ M ☐ F DOB: _____ Grade _____
Address: _____ City _____ Zip: _____
Email Address _____ Program Location _____

PARENT, GUARDIAN OR AGENCY HAVING CUSTODY OF CHILD:

NAME SSN# or DL# WORK PHONE HOME PHONE CELL PHONE

EMERGENCY CONTACT/AUTHORIZED PERSON(S) TO PICK-UP CHILD

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

PARENTAL/GUARDIAN CONSENT FOR TREATMENT

This is to certify that I/We have Hospitalization Insurance with _____ Policy Number _____
Do we have permission to seek medical treatment necessary for your child in case we are unable to contact you? ☐ Yes ☐ No
Please list any health problems or allergies, current medication, limits or restrictions. _____

By signing this form,

I/We the undersigned, do hereby authorize that the certified medical centers/hospitals are given the authority to render necessary medical services to my/our child which results, directly or indirectly, from his/her participation in trips, programs, events, activities by the City of Hampton and I/We, the undersigned; also hereby agree to be responsible for such charges made by medical center/hospital, doctor, ambulance, etc., in providing such medical services as are referred to above.

Parent/Guardian Print and Sign

Date

ASSUMPTION OF RESPONSIBILITY/RISK

I am aware of the general nature of the program sponsored by the City of Hampton's School Age Program and I hereby assume responsibility for /my child to participate as well as the risks of participation in such a program. I agree to indemnify and hold harmless the City of Hampton, its agents/employees from any loss, damage, claim, demand, liability, or expense incurred as a result of any damage to property or person, caused by my child while participating in the program named above. I declare to the best of my knowledge and belief that my child is in sufficiently good health and physical condition to participate in the program. I agree that my child will, to the best of our knowledge, abide by any physical limitations which limit his/her activities or ability to participate in this program/activity.

Print and Sign

Date

Photography Release ☐ I Do ☐ Do Not consent & authorize the City of Hampton to reproduce/publish my child's pictures for the purpose of advertising SAP or other city programs

Hampton City School Grades & Reports Release ☐ I Do ☐ Do Not consent & authorize HCS to share my child's grades & reports for purpose of targeted tutoring & programs w/SAP.

Print and Sign

Date

PAYMENT SCHEDULE and PARENT HANDBOOK:

I have received a copy of the program payment schedule and parent handbook. SIGN _____ DATE _____

Weekly payments are due each Friday prior to the upcoming week of service. Payments made after Friday will incur a \$10.00 late fee. If payment is not received your child will be sent to the office and not be permitted to enter the program until payment is received. There are no pro-rated payments; due to shortened school weeks, inclement weather or other program closures. There is no additional charge for early release or early close school days. Participants needing only part-time care may purchase a 5-day pass. One pass is needed per child. Passes are not refundable and expire at the end of each school year.

Print and Sign _____ DATE _____

FOR OFFICE USE ONLY:		Today's Date: _____		Please Print		Registration Received by: _____		Location _____	
Amt. Received: \$	_____	\$	_____	\$	_____	\$	_____	Name	_____
	Registration	AM	PM	AM/PM	AM Pass	PM Pass	Last	First	School
ADDITIONAL REGISTRATIONS THIS TRANSACTION									
\$	_____	\$	_____	\$	_____	\$	_____	Name	_____
	Registration	AM	PM	AM/PM	AM Pass	PM Pass			School
\$	_____	\$	_____	\$	_____	\$	_____	Name	_____
	Registration	AM	PM	AM/PM	AM Pass	PM Pass			School
\$	_____	\$	_____	\$	_____	\$	_____	Name	_____
	Registration	AM	PM	AM/PM	AM Pass	PM Pass			School
Total Payment \$	_____	CK or MO #	_____	CC	_____	Receipt #	_____		